

Fill in this information to identify the case:

Debtor name **Border Medical Specialists, P.A.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number (if known) **16-31056**☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ 0.00
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ 4,526,521.20
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ 4,526,521.20

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ 4,627,303.90
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ 100,000.00
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ 11,124,961.59
<b>4. Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ 15,852,265.49

Fill in this information to identify the case:

Debtor name **Border Medical Specialists, P.A.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) **16-31056**

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **United Bank of El Paso Del Norte**

**Checking**

**9369**

**\$8,000.00**

4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

**\$8,000.00**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

#### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits  
Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent  
Description, including name of holder of prepayment

8.1. **Foundation Surgical Hospital of El Paso (Account is in dispute)**

**\$240,000.00**

9. Total of Part 2.

**\$240,000.00**

Add lines 7 through 8. Copy the total to line 81.

Debtor **Border Medical Specialists, P.A.**  
Name

Case number (If known) **16-31056**

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **467,072.36** - **0.00** = .... **\$467,072.36**  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **1,272,506.84** - **0.00** = .... **\$1,272,506.84**  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$1,739,579.20**

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Supplies in cancer radiology practice. See attached list of equipment, furniture, fixtures, for identification purposes.		\$0.00		\$10,000.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$10,000.00**

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No

Debtor **Border Medical Specialists, P.A.** Case number (If known) **16-31056**  
Name

☒ Yes. Book value 0 Valuation method cost Current Value 3000

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture See attached	\$40,000.00	FMV	\$40,000.00
	Theater prints damaged in South Dakota fire	\$0.00		\$4,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software See attached. Value much higher if practice can be sold as a going concern.	\$0.00	FMV	\$14,000.00
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1.	Office Artwork	\$10,000.00	Liquidation	\$10,000.00
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$68,000.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

Debtor **Border Medical Specialists, P.A.**  
Name

Case number (If known) **16-31056**

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<b>2008 Dodge Sprinter Wagon WDWPE7588240154 (with lift)</b>	<b>\$12,000.00</b>	<b>Blue Book</b>	<b>\$12,000.00</b>
48.	<b>Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</b>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment) 2 Radiation vaults, linear accelerator, CT Scanner, examining table</b>	<b>\$0.00</b>		<b>\$1,040,000.00</b>
51.	<b>Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			<b>\$1,052,000.00</b>
52.	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
53.	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-31056

55.1. Lease of 1400 George Dieter #170 El Paso, Texas 7,500 sq. ft. from Foundation Health Care REIT. Land lease for two cancer equipment vaults. Lease of 7825 N. Mesa, El Paso, TX from Ladida Land Co., Inc.

\$0.00

\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

Patient files, patient caseload. Could be sold as part of a going concern sale, though patients are free to take their files and cases elsewhere.

0.00 - 0.00 =  
Total face amount doubtful or uncollectible amount

\$0.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Federal Tax Losses

Tax year 2010

\$718,942.00

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 5

Debtor **Border Medical Specialists, P.A.**  
Name

Case number (if known) **16-31056**

**Unliquidated claim for construction fraud against  
Kekoka, Inc., LLC**

**\$450,000.00**

Nature of claim

Amount requested

**\$450,000.00**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

**Unliquidated claim for overpaid rent, against  
Foundation Healthcare REIT**

**\$240,000.00**

Nature of claim

Amount requested

**\$0.00**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed Examples: Season tickets, country club membership**

78. **Total of Part 11.**

**\$1,408,942.00**

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Border Medical Specialists, P.A.**  
Name

Case number (If known) **16-31056**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form  
Type of property

Current value of  
personal property

Current value of real  
property

80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$8,000.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$240,000.00	
82. Accounts receivable. Copy line 12, Part 3.	\$1,739,579.20	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$10,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$68,000.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$1,052,000.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11. +	\$1,408,942.00	
91. Total. Add lines 80 through 90 for each column	\$4,526,521.20	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,526,521.20



2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bys % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
												0.
												0.
			200DB	5.00	19B							0.
	* OTHER TOTAL -					173,953.			173,953.	74,065.		0.
2	MEDICAL EQUIPMENT	080108	200DB	5.00	17	353,758.			353,758.	353,758.		0.
4	ECLIPSE WORKSTATION	103105	200DB	7.00	17	78,265.			78,265.	76,079.		0.
5	COMPUTER EQUIPMENT	103105	200DB	5.00	17	31,184.			31,184.	29,993.		0.
	ULTRASOUND											
7	EQUIPMENT	043005	200DB	7.00	17	25,177.			25,177.	25,177.		0.
8	DELL COMPUTER	083005	200DB	5.00	17	14,594.			14,594.	14,405.		0.
9	SERVER & TAPE DRIVE	093005	200DB	5.00	17	13,268.			13,268.	13,095.		0.
10	CHILLER	120406	200DB	7.00	17	10,541.			10,541.	10,540.		0.
11	6 COMPUTERS & HUB	063005	200DB	5.00	17	10,823.			10,823.	10,823.		0.
12	EQUIPMENT	050708	200DB	5.00	17	9,614.			9,614.	9,614.		0.
	SALES TAX ON											
13	EQUIPMENT	013105	200DB	7.00	17	11,444.			11,444.	11,444.		0.
14	CHILLER	073005	200DB	7.00	17	10,541.			10,541.	10,442.		0.
15	EQUIPMENT	060208	200DB	5.00	17	5,661.			5,661.	5,661.		0.
	BOWFLEX WEIGHT											
16	SCALE	053105	200DB	7.00	17	1,944.			1,944.	1,944.		0.

838102  
04-01-15

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	NETWORK HUB	093005	200DB	5.00	17	4,712.			4,712.	4,650.		0.
18	EQUIPMENT	060208	200DB	5.00	17	3,953.			3,953.	3,953.		0.
19	6 MONITORS	063005	200DB	5.00	17	3,892.			3,892.	3,892.		0.
20	SALES TAX ON LEASED EQUIPMENT	113004	200DB	5.00	17	12,802.			12,802.	12,802.		0.
21	MEDICAL EQUIPMENT	050708	200DB	5.00	17	3,135.			3,135.	3,135.		0.
22	SALES TAX	103105	200DB	7.00	17	3,816.			3,816.	3,709.		0.
23	DELL COMPUTER	013105	200DB	5.00	17	3,245.			3,245.	3,245.		0.
24	DELL COMPUTER	033105	200DB	5.00	17	2,461.			2,461.	2,461.		0.
25	TOSHIBA LAPTOP	013105	200DB	5.00	17	2,120.			2,120.	2,120.		0.
26	WELLNESS CTR EQUIPMENT	112106	200DB	7.00	17	1,402.			1,402.	1,347.		0.
27	DELL COMPUTER	022805	200DB	5.00	17	1,258.			1,258.	1,258.		0.
28	DELL COMPUTER	033105	200DB	5.00	17	1,238.			1,238.	1,238.		0.
29	SOFTWARE SUPPORT	060208	200DB	3.00	17	7,325.			7,325.	7,325.		0.
30	FURNITURE	103104	200DB	7.00	17	829.			829.	829.		0.
31	GE #7	030107	200DB	7.00	17	1,410,871.			1,410,871.	1,410,871.		0.
32	VAULT WEST	120406	200DB	7.00	17	502,603.			502,603.	455,733.		0.
33	COMPUTER EQUIPMENT	012307	200DB	7.00	17	36,197.			36,197.	30,049.		0.
34	ULTRASOUND EQUIPMENT	043005	200DB	7.00	17	25,624.			25,624.	25,624.		0.

820122  
04-01-15

(D) - Asset disposed

\* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

BORDER MEDICAL SPECIALISTS, P.A.

DEA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
35	IMRT HARDWARE	103105	200DB	7.00	17	2,811.			2,811.	2,640.		0.
36	VACUUM	123104	200DB	7.00	17	1,076.			1,076.	1,076.		0.
37	FILSTRINE MACHINE	022807	200DB	7.00	17	4,801.			4,801.	4,312.		0.
38	MED TEC	032707	200DB	7.00	17	5,690.			5,690.	5,110.		0.
39	SCANNER	052107	200DB	7.00	17	1,197.			1,197.	1,075.		0.
40	PORTAL DES SYS	101206	200DB	5.00	17	43,000.			43,000.	41,725.		0.
41	COPY PRINTER	102407	200DB	7.00	17	2,958.			2,958.	2,655.		0.
107	EQUIPMENT		200DB	5.00	19B							0.
111	DESIGNERS MART	092810	200DB	5.00	17	58,535.		58,535.				0.
113	REFRIDERATOR	121510	200DB	5.00	17	14,147.		14,147.				0.
119	LIGHTSPEED RT16											
119	INJECTOR - GE LEASE	022811	200DB	5.00	17	994,404.		994,404.				0.
120	MAPCHECK2 EQUIPMENT											
120	- GE LEASE	063011	200DB	5.00	17	123,035.		123,035.				0.
125	SBRT BODY - GE											
125	LEASE	080111	200DB	5.00	17	156,778.		156,778.				0.
127	VARIAN EQUIPMENT	101112	200DB	5.00	17	3,000.		1,500.	1,500.	987.		205.
132	DELL COMPUTER	103113	200DB	5.00	17	2,595.		1,298.	1,297.	674.		249.
134	DELL COMPUTER	100814	200DB	5.00	17	1,677.		839.	838.	42.		318.
	* OTHER TOTAL -					4,125,001.		1,350,536.	2,774,465.	2,709,580.		772.
42	FURNITURE	043007	200DB	7.00	17	15,919.			15,919.	14,294.		0.

8320102  
04-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

BORDER MEDICAL SPECIALISTS, P.A.

DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	SHUTTERS	063005	200DE	7.00	17	1,200.			1,200.	1,200.		0.
44	SHUTTERS	083105	200DE	7.00	17	1,200.			1,200.	1,189.		0.
45	MODULAR FURNITURE	100106	200DE	7.00	17	9,843.			9,843.	9,459.		0.
46	FURNITURE AMERICAN	063006	200DE	7.00	17	9,328.			9,328.	9,328.		0.
47	OFFICE FURNITURE	033105	200DE	7.00	17	10,983.			10,983.	10,983.		0.
48	ORIENTAL RUG	083105	200DE	7.00	17	10,000.			10,000.	9,907.		0.
49	JUKEBOX	040803	200DE	7.00	17	7,055.			7,055.	7,055.		0.
50	OFFICE FURNITURE	033105	200DE	7.00	17	5,000.			5,000.	5,000.		0.
51	DECORATIONS	013105	200DE	7.00	17	3,695.			3,695.	3,695.		0.
52	OFFICE FURNITURE	103105	200DE	7.00	17	3,020.			3,020.	2,936.		0.
53	MIRRORS	050503	200DE	7.00	17	4,399.			4,399.	4,399.		0.
54	12 CHAIRS	033106	200DE	7.00	17	2,316.			2,316.	2,316.		0.
55	CHAIRS	032805	200DE	7.00	17	2,581.			2,581.	2,581.		0.
56	FILE CABINETS	042906	200DE	7.00	17	1,848.			1,848.	1,848.		0.
57	OFFICE DECOR	093005	200DE	7.00	17	2,174.			2,174.	2,154.		0.
58	DESKS CREDENZA	100306	200DE	7.00	17	1,394.			1,394.	1,338.		0.
59	OFFICE FURNITURE	033105	200DE	7.00	17	2,032.			2,032.	2,032.		0.
60	CHAIRS	092106	200DE	7.00	17	1,200.			1,200.	1,076.		0.

330102  
04-01-16

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
61	CHAIRS	063005	200DE	7.00	17	1,516.			1,516.	1,516.		0.
62	FIXTURES ART	102703	200DE	7.00	17	2,771.			2,771.	2,771.		0.
63	SHELVES	092106	200DE	7.00	17	780.			780.	772.		0.
64	SHELVES	092106	200DE	7.00	17	710.			710.	699.		0.
65	ORIENTAL RUG	083105	200DE	7.00	17	800.			800.	792.		0.
66	FIXTURES ART /	092503	200DE	7.00	17	1,635.			1,635.	1,635.		0.
67	DECOR	092403	200DE	7.00	17	1,589.			1,589.	1,589.		0.
68	CARPET & BASE	122903	200DE	7.00	17	1,478.			1,478.	1,478.		0.
69	PTINTS CHARMIN	123104	200DE	7.00	17	1,249.			1,249.	1,249.		0.
70	DECORATIONS	013105	200DE	7.00	17	601.			601.	601.		0.
71	CHAIRS	062403	200DE	7.00	17	1,074.			1,074.	1,074.		0.
72	FURNITURE	122903	200DE	7.00	17	900.			900.	900.		0.
73	FIXTURES ART	062798	200DE	7.00	17	1,516.			1,516.	1,516.		0.
74	BOOK SHELVES	051701	200DE	7.00	17	1,036.			1,036.	1,036.		0.
75	AFRICAN RUG	053105	200DE	7.00	17	306.			306.	306.		0.
76	VARIOUS FURNITURE	102703	200DE	7.00	17	24,081.			24,081.	24,081.		0.
77	FURNITURE	043003	200DE	7.00	17	7,800.			7,800.	7,800.		0.
78	FURNITURE	052803	200DE	7.00	17	5,573.			5,573.	5,573.		0.

228102  
04-07-15

(D) - Asset disposed

\* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

BORDER MEDICAL SPECIALISTS, P.A.

DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	FIXTURES ART / DECOR	122403	200DE	7.00	17	1,704.			1,704.	1,704.		0.
80	FIXTURES	042803	200DE	7.00	17	843.			843.	843.		0.
81	FIXTURES ART / DECOR	092503	200DE	7.00	17	309.			309.	309.		0.
82	FURNITURE & FIXTURES	033197	200DE	7.00	17	5,852.			5,852.	5,852.		0.
83	FURNITURE & FIXTURES	043097	200DE	7.00	17	4,928.			4,928.	4,928.		0.
84	FURNITURE & FIXTURES	053197	200DE	7.00	17	2,793.			2,793.	2,793.		0.
85	FURNITURE & FIXTURES	073197	200DE	7.00	17	2,543.			2,543.	2,543.		0.
86	FURNITURE	093097	200DE	7.00	17	514.			514.	514.		0.
87	FURNITURE	062503	200DE	7.00	17	8,048.			8,048.	8,048.		0.
88	FURNITURE	072303	200DE	7.00	17	9,011.			9,011.	9,011.		0.
89	FURNITURE	092403	200DE	7.00	17	5,760.			5,760.	5,760.		0.
90	FURNITURE	102703	200DE	7.00	17	847.			847.	847.		0.
91	FURNITURE	102703	200DE	7.00	17	1,123.			1,123.	1,123.		0.
92	FURNITURE	102703	200DE	7.00	17	3,150.			3,150.	3,150.		0.
93	FURNITURE	102703	200DE	7.00	17	9,774.			9,774.	9,774.		0.
94	FURNITURE	112403	200DE	7.00	17	325.			325.	318.		0.
95	FURNITURE	112403	200DE	7.00	17	799.			799.	799.		0.
96	FURNITURE	112403	200DE	7.00	17	1,990.			1,990.	1,990.		0.

029102  
04-01-15

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
108	FURNITURE & FIXTURES		200DB	5.00	19E							0.
121	OFFICE ART	010611	200DB	7.00	17	1,442.		1,442.				0.
122	OFFICE FURNITURE	091911	200DB	7.00	17	55,015.		55,015.				0.
	* OTHER TOTAL -					267,372.		56,457.	210,915.	208,484.		0.
104	COMPUTER SOFTWARE	012108	200DB	3.00	17	10,392.			10,392.	10,392.		0.
105	VARIAN	122208	200DB	3.00	17	37,091.			37,091.	37,091.		0.
109	COMPUTER SOFTWARE		200DB	5.00	19E							0.
112	MACXPTRS	090710	200DB	3.00	17	2,764.		1,382.	1,382.	1,382.		0.
129	BARCODE SOFTWARE	013013	200DB	3.00	17	2,619.		1,310.	1,309.	1,018.		194.
131	SOFTWARE	032913	200DB	3.00	17	1,189.		595.	594.	462.		88.
	* OTHER TOTAL -					56,868.		4,694.	52,174.	51,439.		490.
102	ELECTRIC FOR EQUIP	092706	200DB	7.00	17	3,531.			3,531.	3,484.		0.

7/25/15  
04-01-15

(D) - Asset disposed

\* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction





Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number (if known) 16-31056☐ Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

## 2.1 Dell Financial Services, LLC

Creditor's Name

Mail Stop-PS2DF-23  
One Dell Way  
Round Rock, TX 78682

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Certain computer equipment. Claim paid off. Scheduled since UCC is still filed of record.

\$0.00

\$0.00

Describe the lien

UCC filed of record with Texas SOS

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

## 2.2 El Paso Tax Assessor/Collector

Creditor's Name

221 N. Kansas, Ste. 300  
El Paso, TX 79901

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0334

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Personal Property Taxes (7825 N. Mesa)

\$82,000.00

\$82,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Border Medical Specialists, P.A.**

Case number (if know)

**16-31056**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.3 El Paso Tax Assessor/Collector**

Creditor's Name

**221 N. Kansas, Ste. 300  
El Paso, TX 79901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**0050**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Personal Property Taxes (1400 George Dieter)**

**\$20,901.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

**2.4 Propel Financial Services**

Creditor's Name

**7990 IH 10 W, Ste. 200  
San Antonio, TX 78230**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Lien on radiology equipment for personal property taxes.**

**\$100,000.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 United Bank of El Paso Del Norte**

Creditor's Name

**c/o Kemp Smith  
Att'n: James W. Brewer  
P.O. Box 2800  
El Paso, TX 79999**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**Blanket lien on P.A. assets and on assets of an affiliate, Ladida Land Co.**

**\$2,400,000.00**

**\$2,559,026.20**

Describe the lien

Debtor <b>Border Medical Specialists, P.A.</b> <hr/> Name  <hr/> Creditor's email address, if known  <hr/> Date debt was incurred  <hr/> Last 4 digits of account number  <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Case number (if know) <b>16-31056</b> <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <hr/> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

<b>\$2,602,901.0</b> <b>0</b>
----------------------------------

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address <hr/>	On which line in Part 1 did you enter the related creditor? <hr/>	Last 4 digits of account number for this entity <hr/>
---------------------------	----------------------------------------------------------------------	----------------------------------------------------------

Fill in this information to identify the case:

Debtor name **Border Medical Specialists, P.A.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number (if known) **16-31056**☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address <b>IRS Insolvency Office</b> <b>300 E. 8th Street, Mail Stop</b> <b>5026AUS</b> <b>Austin, TX 78701</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>United States Attorney</b> <b>Civil Process Clerk-</b> <b>Internal Revenue Service</b> <b>601 N.W. Loop 410, Suite 600</b> <b>San Antonio, TX 78216</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>

Debtor <b>Border Medical Specialists, P.A.</b>	Case number (if known) <b>16-31056</b>	
<small>Name</small>		
<b>2.3</b> Priority creditor's name and mailing address <b>United States Attorney General</b> <b>Department of Justice</b> <b>950 Pennsylvania Avenue, N.W.</b> <b>Washington, DC 20530</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
<hr/>		
Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b> Nonpriority creditor's name and mailing address <b>Abbvie</b> <b>1 North Waukegan Road</b> <b>North Chicago, IL 60064</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,212.00</b>
<hr/>		
<b>3.2</b> Nonpriority creditor's name and mailing address <b>Accelerator Service &amp; Parts, LLC</b> <b>c/o Stuart Schwartz, Esq.</b> <b>201 E. Main Street</b> <b>El Paso, TX 79901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Default Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$895,595.00</b>
<hr/>		
<b>3.3</b> Nonpriority creditor's name and mailing address <b>Capital Now, LLC</b> <b>Att'n: Coy Jones</b> <b>1100 Judson Rd., #722</b> <b>Longview, TX 75601</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>		
<b>3.4</b> Nonpriority creditor's name and mailing address <b>David R. Pierce</b> <b>Pierce and Little, P.C.</b> <b>221 N. Kansas, Suite 1301</b> <b>El Paso, TX 79901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Notice</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>		
<b>3.5</b> Nonpriority creditor's name and mailing address <b>Edward DeV Bunn</b> <b>415 N. Mesa, Ste. 300</b> <b>El Paso, TX 79901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Notice</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Border Medical Specialists, P.A.**  
NameCase number (if known) **16-31056**

3.6	Nonpriority creditor's name and mailing address <b>Frank S. Ainsa, Jr.</b> <b>5809 Acacia Cir.</b> <b>El Paso, TX 79912</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.7	Nonpriority creditor's name and mailing address <b>General Electric Capital Corporation</b> <b>c/o Locke Lord, LLP</b> <b>600 Travis St., Ste. 2800</b> <b>Houston, TX 77002</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Certain equipment</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,205,354.30</b>
3.8	Nonpriority creditor's name and mailing address <b>General Electric Capital Corporation</b> <b>c/o Locke Lord, LLP</b> <b>600 Travis St., Ste. 2800</b> <b>Houston, TX 77002</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Deficiency after collateral surrendered</b></u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$2,205,354.30</b>
3.9	Nonpriority creditor's name and mailing address <b>Henry Schein</b> <b>135 Duryea Rd.</b> <b>Melville, NY 11747</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34.87</b>
3.10	Nonpriority creditor's name and mailing address <b>Key Equipment Finance, Inc.</b> <b>c/o Clyde Pine, Esq.</b> <b>Stanton Tower</b> <b>100 N. Stanton, Ste. 1000</b> <b>El Paso, TX 79901</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Judgment</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000,000.00</b>
3.11	Nonpriority creditor's name and mailing address <b>Marc Connelly</b> <b>Assistant General Counsel</b> <b>Department of State Health Services</b> <b>1100 W. 49th Street</b> <b>Austin, TX 78756-3199</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Notice</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Medical Billing Unlimited, Inc.</b> <b>5959 Gateway West, Ste. 120</b> <b>El Paso, TX 79925</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Trade Debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,912.76</b>

Debtor **Border Medical Specialists, P.A.**  
NameCase number (if known) **16-31056**

3.13	Nonpriority creditor's name and mailing address <b>Precess Medical Derivatves, Inc.</b> <b>404 White Oak Ridge Rd.</b> <b>Short Hills, NJ 07078</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,250.00</b>
3.14	Nonpriority creditor's name and mailing address <b>Ron Ingalls</b> <b>Chapter 7 Trustee</b> <b>P.O. Box 2867</b> <b>Fredericksburg, TX 78624</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.15	Nonpriority creditor's name and mailing address <b>Samuel Milam</b> <b>201 Copan Ct.</b> <b>Clint, TX 79836</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.16	Nonpriority creditor's name and mailing address <b>Southwestern Mill Distributors, Inc.</b> <b>310 N. Dallas St.</b> <b>P.O. Box 1202</b> <b>El Paso, TX 79947</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109.22</b>
3.17	Nonpriority creditor's name and mailing address <b>The New England Journal of Medicine</b> <b>860 Winter Street</b> <b>Waltham, MA 02451</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.00</b>
3.18	Nonpriority creditor's name and mailing address <b>Trane US, Inc.</b> <b>P.O. Box 845053</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$474.33</b>
3.19	Nonpriority creditor's name and mailing address <b>Transtelco, Inc.</b> <b>500 W. Overland Ave., Ste. 310</b> <b>El Paso, TX 79901</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$920.11</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Border Medical Specialists, P.A. Case number (if known) 16-31056  
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

		Total of claim amounts	
5a.	\$		0.00
5b.	+	\$	13,330,315.89
5c.	\$		13,330,315.89



Fill in this information to identify the case:

Debtor name **Border Medical Specialists, P.A.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) **16-31056**

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

1400 George Dieter,  
Ste. 170

1400 George Dieter, 2  
Radiation vault spaces

State the term remaining

List the contract number of any government contract

Foundation Health Care REIT  
c/o Robert R. Feuille  
201 East Main Dr.  
El Paso, TX 79901

2.2. State what the contract or lease is for and the nature of the debtor's interest

7825 North Mesa Street

State the term remaining

List the contract number of any government contract

Ladida Land Co.  
4925 Olmos Street  
El Paso, TX 79922

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number (if known) 16-31056☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Murray Vann	748 Camino Real Santa Teresa, NM 88008	United Bank of El Paso Del Norte	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Teresa Anne Reed	4925 Olmos El Paso, TX 79922	Key Equipment Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
2.3 Teresa Anne Reed	4925 Olmos El Paso, TX 79922	Accelerator Service & Parts, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
2.4 Teresa Anne Reed	4925 Olmos El Paso, TX 79922	Capital Now, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.5 Teresa Anne Reed	4925 Olmos El Paso, TX 79922	General Electric Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____

Debtor Border Medical Specialists, P.A.

Case number (if known) 16-31056

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
Column 1: Codebtor Column 2: Creditor

2.6 Teresa Anne 4925 Olmos  
Reed El Paso, TX 79922

United Bank of El  
Paso Del Norte

☒ D 2.5  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) 16-31056

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/26/2016

  
Signature of individual signing on behalf of debtor

**Teresa A. Reed, M.D.**

Printed name

**President**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) 16-31056

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2016 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,562,143.76

For prior year:  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,166,338.19

For year before that:  
From 1/01/2014 to 12/31/2014

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,554,209.00

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor **Border Medical Specialists, P.A.**Case number (if known) **16-31056**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Debtor will supplement with a list		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>General overhead expenses</u>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Teresa A. Reed, MD 4925 Olmos St. El Paso, TX 79922	01/2015 through 12/2015	\$222,000.00	Compensation Treating physician's salary

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Accelerator v. Border Medical 2015DCV3481	Foreign Judgment	41st Judicial District Court 500 E. San Antonio, Ave., Ste. 1006 El Paso, TX 79901	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Border Medical Specialists, P.A.**

Case number (if known) **16-31056**

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. <b>City of El Paso vs. Ladida Land Company LLC, Teresa Reed, Border Medical Specialist, P.A., Mullen Telles, Inc., Propel Financial Services, LLC, Wilmington Trust, National Association, Trustee 2015DTX1190</b>		<b>327th District Court 500 E. San Antonio El Paso, TX 79901</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
<b>Accelerator Service &amp; Parts, LLC c/o Stuart Schwartz, Esq. 201 E. Main Street El Paso, TX 79901</b>		<b>\$0.00</b>
	<b>Case title</b> <b>Accelerator v. Border Medical</b> <b>Case number</b> <b>2015DCV3481</b> <b>Date of order or assignment</b>	<b>Court name and address</b> <b>41st Judicial District Court</b> <b>500 E. San Antonio, Ste. 1006</b> <b>El Paso, TX 79901</b>

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 108A/B (Schedule A/B: Assets – Real and Personal Property).		
<b>None other than any which may be reflected in the 2015 tax Return</b>			<b>\$0.00</b>

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Border Medical Specialists, P.A.**Case number (if known) **16-31056**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Miranda & Maldonado, P.C. 5915 Silver Springs, Bldg. 7 El Paso, TX 79912	Cash	01/19/2016	\$30,000.00

Email or website address

Who made the payment, if not debtor?

11.2.	E.P. BUD KIRK 600 Sunland Park Dr. Building Four, Ste. 400 El Paso, TX 79912	Attorney Fees	7/11/2016	\$1,000.00
-------	---------------------------------------------------------------------------------------	---------------	-----------	------------

Email or website address  
budkirk@aol.com

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	------------------------------------------------------------------------------------	------------------------	-----------------------

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 7825 North Mesa El Paso, TX 79912	2011-2013

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?



Debtor **Border Medical Specialists, P.A.**Case number (if known) **16-31056**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Cancer Treatment Institute 1400 George Dieter Road, Ste. 170 El Paso, TX 79936</b>	<b>The Debtor operates a radiation oncologist business</b>  <b>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 1400 George Dieter Road-Current files. 7825 N. Mesa Street-Archives, servers and follow up patient appointments.</b>	<b>How are records kept?</b> <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Social security number, insurance account information, medical history**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

- ☐ No Go to Part 10.  
☒ Yes. Fill in below:

Name of plan  
**Vanguard SEP-IRS**Employer identification number of the plan  
EIN: **74-2687015**

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <b>United Bank of El Paso Del Norte 401 E. Main Street El Paso, TX 79901</b>	<b>XXXX-9369</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__		<b>\$0.00</b>

Debtor Border Medical Specialists, P.A.Case number (if known) 16-31056**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
7825 N. Mesa St. El Paso, TX 79932	Teresa Anne Reed, M.D. All employees	Medical records, computers, copiers, tables, disks, reception furniture.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**
☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**
☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

Debtor **Border Medical Specialists, P.A.**Case number (if known) **16-31056**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. Tammy Vasilatos, CPA  
 118 Mesa Park Drive, Ste. 300  
 El Paso, TX 79912

2009-current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26b.1. Tammy Vasilatos, CPA  
 118 Mesa Park Drive, Ste. 300  
 El Paso, TX 79912

2009-current

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are  
 unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. United Bank of El Paso Del Norte  
 c/o Kemp Smith  
 Att'n: James W. Brewer  
 P.O. Box 2800  
 El Paso, TX 79999

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Debtor Border Medical Specialists, P.A.Case number (if known) 16-31056

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Teresa A. Reed, MD	4925 Olmos Drive El Paso, TX 79922	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Teresa A. Reed 4925 Olmos Street El Paso, TX 79922	185,000.00 37,000.00	1-1-16 to filing date 7-1-15 to 7-31-15	Compensation for services.
Relationship to debtor Sole shareholder, sole director, President, treating physician			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

Vanguard SEP-IRA

EIN:

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) 16-31056

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/26/2016

  
Signature of individual signing on behalf of the debtor

Teresa A. Reed, M.D.  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No  
☐ Yes